

**NONPROVISIONAL PATENT
APPLICATION TRANSMITTAL RULE §1.53(b)
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**



32294

PATENT TRADEMARK OFFICE

15535 U.S. PTO
10/633692
08/05/03

Customer Number 32294

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Docket No.: 60282-00078

Date: August 5, 2003

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
MAILSTOP PATENT APPLICATION

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is a nonprovisional patent application:

For (Title): REQUEST REDIRECTION HANDLING IN IMC

By (Inventors): József VARGA (Nagydobaza, Hungary; Gábor BAJKÓ (Budapest, Hungary); Gábor JÁRÓ (Budapest, Hungary); Zsolt RAJKÓ (Lovasberény, Hungary); Georg MAYER (Espoo, Finland).

- ☒ 20 pages of Specification/Claims 1-24/Abstract are attached.
- ☒ Formal drawings (Figs. 1A-5; 5 sheets) are attached.
- ☐ A Declaration and Power of Attorney is attached.
- ☐ An assignment of the invention to _____ is attached, along with Form PTO-1595 and a check for \$40.00.
- ☒ An Information Disclosure Statement is attached, along with Form PTO-1449, and 2 reference(s).
- ☐ This application is entitled to Small Entity Status.
- ☐ A Preliminary Amendment is attached.
- ☐ Please amend the specification by inserting before the first line the sentence --This nonprovisional application claims the benefit of U.S. Provisional Application No. _____, filed _____. --

08/05/03

16179 U.S. PTO

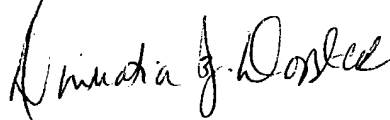
- ☒ Priority of foreign application No. 03006573.4 filed March 24, 2003 in EP is claimed under 35 U.S.C. §119.
- ☐ Priority of U.S. Provisional Application(s) No. _____ filed _____ is claimed under 35 U.S.C. §119(e).
- ☒ A certified copy of the above corresponding foreign application is attached.

The filing fee is calculated below and includes claim status after entry of any Preliminary Amendment noted above:

| | | | SMALL ENTITY | | | LARGE ENTITY | |
|--|--------------|-----------|-----------------|--------|----|--------------|---------|
| FOR: | NO. FILED | NO. EXTRA | RATE | FEE | OR | RATE | FEE |
| BASIC FEE | | | | \$ 375 | OR | | \$ 750 |
| TOTAL CLAIMS | 24 - 20 | = 4 | x 9 = | \$ | OR | x 18 | \$ 92 |
| INDEP CLAIMS | 9 - 3 | = 6 | x 42 = | \$ | OR | x 84 | \$ 504 |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS | | | +140 = | \$ | OR | +280 | \$ |
| | | | TOTAL | \$ | OR | TOTAL | \$1,346 |

- ☒ A check for the filing fee is not enclosed at this time.

Respectfully submitted,



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DJD/erh